



EMPLOYMENT APPLICATION

Dept. of Employee Relations
Room 706, City Hall
200 East Wells Street
Milwaukee, WI 53202-3554
Phone: (414) 286-3751
TDD: (414) 286-3751
Email: emprel@milwaukee.gov
<http://www.milwaukee.gov/jobs>

INSTRUCTIONS TO APPLICANT – Please:

1. PRINT your answers in **black** ink (for copying purposes).
2. Answer all questions completely. Credit may not be given for incomplete information.
3. Print your Last Name in the left margin.
4. DATE and SIGN on Page 2.
5. Keep a copy of your completed application materials for your files.

POSITION(S) APPLYING FOR (check all that apply):

- ☐ Office Assistant I ☐ Office Assistant I (Milwaukee Police Department)
☐ School Secretary I (please complete the computer software experience page)

Fluency in reading, writing and speaking both English and Spanish is required for the BILINGUAL positions. Are you fluent in both English and Spanish? ☐ Yes ☐ No

- ☐ Bilingual Office Assistant I ☐ Bilingual School Secretary I (please complete the computer software experience page)

Name:

Last

First

M.I.

Address:

Apt. #:

City:

State:

Zip Code:

Email: _____

Day Phone: (____) ____ - ____ Evening Phone: (____) ____ - ____

Social Security #: ____ - ____ - ____

Do you currently live in the City of Milwaukee? ☐ Yes ☐ No If "Yes," when did you become a resident (month/year):
_____. **NOTE:** City employees must live in the City. Residency proof will be required as stated under qualifications for the position applied for.

Are you 18 years of age or older? ☐ Yes ☐ No If under 18, how old are you? Years ____ Months ____

List any other names by which you have been known on official records:

Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:

List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for.

TYPE:

NUMBER (if any):

TYPE:

NUMBER (if any):

EDUCATION AND TRAINING

Check the highest grade or year completed in school:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Did you graduate from High School? ☐ Yes ☐ No

If "Yes", list the Name and Location of High School: _____

Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

Training beyond high school (college or university, nursing, business college, military, or other training you have received). Under "credits earned," indicate "Q" for quarter hours or "S" for semester hours.

Name and Location of School

Full or Part-Time

DATES ATTENDED

From Mo./Yr.

To Mo./Yr.

Credits Earned

Major or Fields of Study

Type of Degree & Date Completed

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

OPEN RECORDS/PUBLIC INFORMATION

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

If you do not wish us to reveal your identity, please check the following box: ☐

Are you legally authorized to work permanently for any employer within the United States?

Yes ☐ No ☐

There may be a possibility of employment with other organizations. If so, may we refer your name?

Yes ☐ No ☐

Give the titles and dates of all City examinations you have taken within the last six months (if none, type "NONE"):

If you are CURRENTLY ☐ or were PREVIOUSLY ☐ employed by the City of Milwaukee, list the following:

Position Title

Department

Employee ID #

From (Mo/Yr)

To (Mo/Yr)

If you have ever been **convicted** of an offense, including felonies or misdemeanors, or have charges pending, *other than ordinance or minor traffic violations*, list details below. **YOU MUST PROVIDE YOUR BIRTHDATE ON PAGE 6 (#6). YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY.** Use separate sheet if necessary:

CHARGE

DATE

LOCATION

COURT

**DISPOSITION OF
CASE**

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE:

DATE:

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. ATTACH ADDITIONAL PAGES IF NECESSARY.

Employer:		From (month/year):
Address:		To (month/year):
Your Title:		Salary/Wage: \$ per
Supervisor's Name:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
Supervisor's Title:		Hours per week:
Phone Number:		Reason(s) for Leaving:
Duties:		

Employer:		From (month/year):
Address:		To (month/year):
Your Title:		Salary/Wage: \$ per
Supervisor's Name:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
Supervisor's Title:		Hours per week:
Phone Number:		Reason(s) for Leaving:
Duties:		

Employer:		From (month/year):
Address:		To (month/year):
Your Title:		Salary/Wage: \$ per
Supervisor's Name:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
Supervisor's Title:		Hours per week:
Phone Number:		Reason(s) for Leaving:
Duties:		

Employer:		From (month/year):
Address:		To (month/year):
Your Title:		Salary/Wage: \$ per
Supervisor's Name:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
Supervisor's Title:		Hours per week:
Phone Number:		Reason(s) for Leaving:
Duties:		

If you are applying for **SCHOOL SECRETARY I** or **BILINGUAL SCHOOL SECRETARY I** with the Milwaukee Public Schools, please specify the computer software products with which you are familiar, give a self-assessment of your skill level, briefly describe your experience [what you used the product(s) for], and estimate approximate amount of experience.

WORD PROCESSING

WordPerfect:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Word:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Wordstar:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Other:	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		
Coursework:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Job Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of experience/coursework:			
Dates of experience:		Years of experience:	

DATA PROCESSING

dBase IV:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
PeopleSoft:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Access:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Other:	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		
Coursework:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Job Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of experience/coursework:			
Dates of experience:		Years of experience:	

SPREADSHEET

Lotus:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Excel:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Quattro Pro:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Other:	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		
Coursework:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Job Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of experience/coursework:			
Dates of experience:		Years of experience:	

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one whom: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

☐ Yes ☐ No

If yes, what kind of accommodations will you need?

- ☐ A signer
- ☐ A reader
- ☐ Extra time
- ☐ Other (Please describe): _____

Comments:

SIGNATURE:

DATE:

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

City of Milwaukee
Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

1.	Name:			
		<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>
2.	Recruiting information: How did you FIRST hear about this job opening? Please check only one:			
	<input type="checkbox"/> A. Milwaukee Journal Sentinel			
	<input type="checkbox"/> B. Other Newspaper (please specify):			
	<input type="checkbox"/> C. City Hall Posting			
	<input type="checkbox"/> D. Library Posting			
	<input type="checkbox"/> E. Community Agency Posting (please specify):			
	<input type="checkbox"/> F. College or University Posting (please specify):			
	<input type="checkbox"/> G. From a City Employee			
	<input type="checkbox"/> H. From Someone who is NOT a City Employee			
	<input type="checkbox"/> I. Job Hotline Number (414-286-5555)			
	<input type="checkbox"/> J. Received Job Interest Postcard in Mail			
	<input type="checkbox"/> K. Job Fair/Career Talk (please specify):			
	<input type="checkbox"/> L. TV (please specify station):			
	<input type="checkbox"/> M. Radio (please specify station):			
	<input type="checkbox"/> N. www.milwaukee.gov/jobs			
	<input type="checkbox"/> O. Other Internet site (please specify):			
	<input type="checkbox"/> P. OTHER (please specify):			
3.	Sex (please check one): Male <input type="checkbox"/> Female <input type="checkbox"/>			
4.	Race (please check one):			
	<input type="checkbox"/> Black / African American (not of Hispanic origin)			
	<input type="checkbox"/> Hispanic / Chicano / Puerto Rican / Mexican / Cuban / Central or South American			
	<input type="checkbox"/> White / Caucasian / European / North African / Middle Eastern (not of Hispanic origin)			
	<input type="checkbox"/> Native American Indian / Alaskan Native			
	<input type="checkbox"/> Asian American / Pacific Islander / Far Eastern / Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)			
5.	List any languages, other than English, which you speak FLUENTLY :			
6.	<i>Your birthdate must be provided and will be used for conviction verification:</i>			
7.	Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development. <i>I live in the following Housing Development:</i>			

The above completed information is true to the best of my knowledge.

SIGNATURE:

DATE:

MILITARY SERVICE

APPLICANT'S
NAME:

DATE:

***** Read carefully if you may be eligible for veteran's preference points. *****

Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.

MILITARY STATUS

PERIOD OF SERVICE

- ☐ Enlisted, drafted or commissioned – Active Duty
☐ Enlisted or commissioned reserve or National Guard service – Active Duty for training only
Date Entered Active Duty: _____
Date Terminated Active Duty: _____

- ☐ August 27, 1940 – July 25, 1947
☐ June 27, 1950 – January 31, 1955
☐ August 5, 1964 – January 1, 1977
☐ Persian Gulf War / Desert Shield / Desert Storm (August 1, 1990 to date to be determined)
☐ Afghanistan War (September 11, 2001 to date to be determined)
☐ Called to Active Duty in 1961 by Executive Order No. 10957
☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal
Date: _____
Location: _____

If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned – Active Duty
☐ Enlisted or commissioned reserve or National Guard service – Active Duty for training only
Date Entered Active Duty: _____ Date Terminated Active Duty: _____
Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? Yes ☐ No ☐

Spouse's Period of Service:

- ☐ August 27, 1940 – July 25, 1947
☐ June 27, 1950 – January 31, 1955
☐ Persian Gulf War / Desert Shield / Desert Storm (August 1, 1990 to date to be determined)
☐ Afghanistan War (September 11, 2001 to date to be determined)
☐ August 5, 1964 – January 1, 1977
☐ Called to Active Duty in 1961 by Executive Order No. 10957
☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal
Date: _____ Location: _____

R. 9/08